Washington Metropolitan Area Transit Commission

2012 Carrier Annual Report Form

NEW THIS YEAR:

- Annual reports can now be filed online at <u>www.wmatc.gov</u>. Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in a civil forfeiture.

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1491	Victorious	s, Inc., t/a Natic	nwide Limo Service		
*WMATC No. USDOT N	lo. (if applicable) *Name of Ca	rrier (as shown o	n certificate of authority)		
249 S. Van Dorn Str	reet, #210		Alexandria	VA	22304-4365
*Street Address of Princ	ipal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if differ	ent from street address)	Apt./Suite	City	State	Zlp
(703) 823-7200		(703) 82	3-7212 ali@nationw	idecar.com	
*Telephone	Other Telephone	Fax	E-mail		

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Choudry Ali		Presiden	ıt
*Name		*Title	
(703) 823-7200		(703) 82	3-7212 ali@nationwidecar.com
*Telephone	Other Telephone	Fax	E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District.

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co.,

Alexandria Arlington Fairfax Falls Church and Dulles Airport. For a full-description constitution of the principal description.

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Name of Registered Agent for Service of Process	Telephone	E-mail		JAN	172	012	U	
Agent Address (must be inside Metropolitan District)	Apt./Suite City			Washing Area Trai	State toff Metro nsit Com	p oli tan m issi on		

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4.	*CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

5. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: Choose one, and only one, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; or (3) attach your own vehicle list to both pages of this form. Include all required information.

Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	*Wheelchair Lift or Ramp Yes/No
			MEGEIVE				
			IAN 1.7 2012				
			Washington Metropolita Area Transit Commissio	in			
			Area Transit Commission				

6. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

CHOUDRY ALi	ends soit
*Name (Type or Print)	*Signature
President	01-13-2012
*Title	*Date

WMATC No: 1491 Wasi

Washington Metropolitan Area Transit Commission

2012 Annual Report: Revenue Vehicle List

Name: Victorious, Inc.

Trade Name: Nationwide Limo Service

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

☐ Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet *Mode No. Year		*VIN (17 digits)	*Plate	*State Registered	*Capacity	*Wheelchair Lift or Ramp Y/N
2008	B Ford	1FBSS31L58DA19200	H516127	VA	14	
2005	5 Ford	1FTSS34L25HB09027	H513613	VA	13	
2005	5 Ford	1FTSS34L65HB49496	H513571	VA	14	
2005	5 Lincoln	1L1FM88W75Y668468	871HAA	VA	9	
(X)2004	1 Lincoln	1LNHM84W84Y647141	H507115	VA	5	
2005	5 Ford	1F1NU40S15ED43275	H514254	VA	14	
(×) ²⁰⁰⁵	5 Lincoln	WDBNG83J85A456493	313HAA	VA	5	
(X)2005	5 Lincoln	1LNHM84W15Y650805	NW36	VA	5	
(×) 2005	5 Lincoln	1LNHM84W85Y650803	322HAA	VA	5	
Ple	use Remoi	vo the Highlighted	alco murb(x)			

Please add the following vehicle listed below pixes 2011 Lincoln 2LNBL8EVOBX753417, HS18044, VA 5 2011 Lincoln 2LNBL8EV2BX753418, HS18044, VA 5 2011 Lincoln 2LNBL8EV8BX757912, HS17966 VA 5 2011 Lincoln 2LNBL8EV8BX757912, HS17967 VA 5 2011 Lincoln 2LNBL8EVXBX757913, HS17967 VA 5

Many Thanks

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